REST HAVEN HEALTH CARE CENTER 7672 WEST MINERAL POINT ROAD

VERONA 53593 Phone: (608) 833-1691	<u> </u>	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/05):	21	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	21	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	20	Average Daily Census:	20

Age, Gender, and Primary Diagnosis	of Residents (12/3	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	8	Age Groups	%	Less Than 1 Year 1 - 4 Years	40.0
Developmental Disabilities	0.0	Under 65	5.0	More Than 4 Years	20.0
Mental Illness (Org./Psy)	50.0	65 - 74	5.0		
Mental Illness (Other)	10.0	75 - 84	25.0		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	50.0		
Para-, Quadra-, Hemiplegic	5.0	95 & Over	15.0	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	10.0	65 & Over	95.0		
Cerebrovascular	0.0			RNs	10.5
Diabetes	10.0	Gender	%	LPNs	16.1
Respiratory	10.0			Nursing Assistants,	
Other Medical Conditions	5.0	Male	25.0	Aides, & Orderlies	37.9
		Female	75.0	į	
	100.0			j	
			100.0	į	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	7.1	160	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	5.0
Skilled Care	0	0.0	0	13	92.9	136	0	0.0	0	6	100.0	190	0	0.0	0	0	0.0	0	19	95.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		14	100.0		0	0.0		6	100.0		0	0.0		0	0.0		20	100.0

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REST HAVEN HEALTH CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Conditi	lons, Services, an	d Activities as of 12/	/31/05
Deaths During Reporting Period				· 8	Needing		Total
ercent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.0	Bathing	0.0		85.0	15.0	20
Other Nursing Homes	5.0	Dressing	5.0		85.0	10.0	20
Acute Care Hospitals	70.0	Transferring	10.0		60.0	30.0	20
Psych. HospMR/DD Facilities	0.0	Toilet Use	5.0		65.0	30.0	20
Rehabilitation Hospitals	0.0	Eating	55.0		35.0	10.0	20
Other Locations	0.0	********	******	*****	******	*******	******
otal Number of Admissions	20	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	10.0	Receiving Resp	iratory Care	10.0
Private Home/No Home Health	5.0	Occ/Freq. Incontiner	nt of Bladder	65.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.0	Occ/Freq. Incontiner	nt of Bowel	20.0	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	10.0
Acute Care Hospitals	15.0	Mobility			Receiving Tube	Feeding	5.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	70.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	40.0	With Pressure Sores		0.0	Have Advance D	irectives	95.0
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	20				Receiving Psyc	hoactive Drugs	75.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	85.8	1.11	84.3	1.13	88.8	1.07	88.1	1.08
Current Residents from In-County	80.0	81.3	0.98	76.3	1.05	83.2	0.96	77.6	1.03
Admissions from In-County, Still Residing	35.0	16.8	2.09	27.2	1.29	18.7	1.87	18.1	1.93
Admissions/Average Daily Census	100.0	216.2	0.46	109.2	0.92	177.7	0.56	162.3	0.62
Discharges/Average Daily Census	100.0	217.8	0.46	108.6	0.92	179.2	0.56	165.1	0.61
Discharges To Private Residence/Average Daily Census	20.0	100.9	0.20	40.1	0.50	83.4	0.24	74.8	0.27
Residents Receiving Skilled Care	100	97.2	1.03	96.7	1.03	96.3	1.04	92.1	1.09
Residents Aged 65 and Older	95.0	91.5	1.04	97.3	0.98	91.3	1.04	88.4	1.07
Title 19 (Medicaid) Funded Residents	70.0	61.7	1.13	58.1	1.21	61.8	1.13	65.3	1.07
Private Pay Funded Residents	30.0	19.4	1.54	35.3	0.85	22.5	1.33	20.2	1.49
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	60.0	28.9	2.08	37.1	1.62	34.8	1.72	32.9	1.82
General Medical Service Residents	5.0	23.7	0.21	14.1	0.36	23.0	0.22	22.8	0.22
Impaired ADL (Mean)	54.0	47.9	1.13	50.4	1.07	48.4	1.11	49.2	1.10
Psychological Problems	75.0	59.1	1.27	53.0	1.42	59.5	1.26	58.5	1.28
Nursing Care Required (Mean)	11.9	7.1	1.68	7.2	1.65	7.2	1.65	7.4	1.60